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21832 7590 05/18/2004

**MCCARTER & ENGLISH LLP  
CITYPLACE I  
185 ASYLUM STREET  
HARTFORD, CT 06103**

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<b>Jean McCue</b>	(Depositor's name)
<i>Jean McCue</i>	(Signature)
<b>June 18, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/050,903	01/16/2002	Robert H. Zimmer	945505.0019	5841
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TITLE OF INVENTION: COMPOSITIONS AND METHODS FOR ENHANCED PHARMACOLOGICAL ACTIVITY THROUGH ORAL AND PARENTERAL ADMINISTRATION OF COMPOSITIONS COMPRISING POLYPEPTIDE DRUG SUBSTANCES AND OTHER POORLY ABSORBED ACTIVE INGREDIENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TELLER, ROY R	1654	514-017000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**McCarter & English, LLP**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Zimmer & Associates AG**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Reinach, Switzerland**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 5

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50 1402 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

**Basam E. Nabulsi Reg. #31645 06/18/04**

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06/23/2004 HDEMESS2 00000216 501402 10050903

01 FC:2501 665.00 DA

02 FC:1504 300.00 DA

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